2000 UNIFORM BUSINESS REPORT (UBR)

Feb 25, 2000 8:00 am Secretary of State DOCUMENT # P92000001234 1. Entity Name CLIFKEN, INC. 02-25-2000 90024 002 ***150.00 Mailing Address Principal Place of Business 31475 U.S. HWY, 19 NORTH 31475 U.S. HWY, 19 NORTH PALM HARBOR FL 34684-3726 PALM HARBOR FL 34684 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3150540 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAYBURN, LAURA J Street Address (P.O. Box Number is Not Acceptable) 1968 BAYSHORE BLVD. **DUNEDIN FL 34684** City Zio Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE Signature, typed or printed name of registered agent and title if applied DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change Addition TITLE **BONFIGLIO, CLIFFORD** NAME NAME STREET ADDRESS 3741 PREEKNEES PL., #412 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL 34684 Change Addition TITLE ☐ Delete TITLE BONFIGLIO, KENNETH NAME NAME STREET ADDRESS STREET ADDRESS 3741 PREEKNEES PL., #412 CITY-ST-ZIP PALM HARBOR FL 34684 CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: Kenneth Bonfiels Kenneth BonFiels President

CITY-ST-ZIP

1/18/2000 727 787 441

FILED